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APPLICANTS

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\*\* CONTINUING DATA \*\*\* *Name* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\* *Name* \*\*\*\*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged *Ma. McKeen* *Ma.*  
 Allowance Examiner's Signature Initials

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TITLE  
 Gas distribution device

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